NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

REPORT OF GRAVE ILLNESSS / DEATH IN INCARCERATED INDIVIDUAL'S FAMILY

Photocopy locally as needed
FORM 4206A (9/14)

_____CORRECTIONAL FACILITY

1. TO BE COMPLETED BY CHAPLAIN OR SORC OR WATCH COMMANDER

Incarcerated Individual:_____DIN:_____Unit:_____CMC: _____

Caller:_____Relationship:_____

Address:_____Telephone No:_____

_____

Name of Sick/Deceased:_____Relationship:_____

Address:_____

Call Taken: Date:_____Time:_____By Whom: Name:_____Title:_____

Chaplain or SORC Notified: Name:_____Date:_____Time:_____

2. TO BE COMPLETED BY CHAPLAIN OR SORC

Confirmation of Grave Illness / Death Made By: Name:_____Title:_____

Date: _____Time: _____

Location Called For Conf:_____Person Contacted:_____

Death / Grave Illness: Cause / Nature:_____Date:_____

Relationship Confirmed By: Name: _____Title:_____

Is Incarcerated Individual's Presence Requested: ____ Yes _____ No

Chaplain or SORC Met With incarcerated individual: Date: _____ Time:_____ Does incarcerated individual Wish To Attend:

____Yes ___ No

Name: _____Title: _____

3. HOSPITAL:_____Telephone No:_____

Address:_____

Contact Person: _____Title: _____

4. FUNERAL HOME:_____Telephone No:_____

Address:_____

Contact Person: _____Title: _____

Calling Hours: Date:_____Time:_____Location:_____

Funeral Service: Date:_____Time:_____Location:_____

Remarks:_____

_____

5. OTHER INCARCERATED FAMILY MEMBERS: List Name(s), DIN(s), and Owning Facility_____

_____

Prepared By:_____Title:_____

6. TO BE COMPLETED BY SUPERINTENDENT OR DESIGNEE

Trip Approved:_____Disapproved:_____Reason (if Disapproved):_____

By:_____
Superintendent or Designee

Other Considerations, if any:_____

_____

Additional Information: **see attachment(s)** _____ Yes or _____ No

cc: Executive Team (1) Watch Commander Chart Sgt. Inmate Records Guidance Movement & Control Chaplains (1)